



KAISER  
PERMANENTE®

Hawaii



# ONLINE AFFILIATE PROVIDER ENROLLMENT PACKAGE



**Kaiser Permanente (KP) Online Affiliate Provider Enrollment Instructions**

Dear Provider,

Thank you for expressing interest in KP Online Affiliate. This web-based program allows external providers read-only access to KP HealthConnect, Kaiser Permanente’s electronic medical record system.

There are three steps to Activate OLA.

**1. Sign and return the attached KP Online Affiliate Provider Entity Agreement**

A signed Provider Entity Agreement pertaining to the use of the websites and content is required to participate. Only one (1) Provider Entity Agreement per participating provider entity (group or facility) is necessary. Please arrange for a senior executive to sign the last page of this document and have it returned online using the [Online Affiliate Support Webform](#).

**2. Designate an Administrator (Point of Contact) for KP Online Affiliate**

The Administrator may periodically receive communications from Kaiser Permanente and will also be responsible for notifying Kaiser Permanente via our [Online Affiliate Web Support Webform](#) if any registered staff members leave your entity.

- Provider Group/Entity Name: \_\_\_\_\_

**Group Administrator Contact Information**

- Group Administrator First and Last Name: \_\_\_\_\_

- Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

- Address: \_\_\_\_\_  
*(Street Address)*

\_\_\_\_\_  
*(City, State, Zip)*

**3. Individual User Enrollment**

As soon as your Provider Entity Agreement and Group Administrator information are received and processed, Kaiser Permanente will send email instructions regarding how users will enroll using an automated online enrollment process. Each staff member will be responsible for their own enrollment. The process generally takes three to four weeks to complete.

Kaiser Permanente will determine the type of access granted based upon our approval guidelines.

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**LICENSEE**

\_\_\_\_\_  
Signature AND Title (CEO, CFO, VP, Owner, Sole Proprietor, Director, other Senior Executive)

\_\_\_\_\_  
Printed Name and Date

Provider’s Legal Entity Name(s) and DBA(s) (if applicable)

Provider’s Tax ID(s)

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